

1/18  
RCE

Atty. Dkt. No. 024219-0104

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Luz SANGUANSRI et al.

Title: PROBIOTIC STORAGE AND DELIVERY

Appl. No.: 10/573,784

Filing Date: 03/28/2006

Examiner: Deborah K. WARE

Art Unit: 1651

Confirmation Number: 5502

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. **Submission required under 37 C.F.R. §1.114:** (check items that apply)

a. Enclosed are:

[  ] Amendment/Reply.

12/22/2009 SZENDIE1 00000009 10573784

01 FC:1801  
02 FC:1251

810.00 OP  
130.00 OP

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$810.00	= \$810.00
Total Claims:	19	-	20 = 0	x \$52.00	= \$0.00
Independents	2	-	3 = 0	x \$220.00	= \$0.00
				CLAIMS FEE TOTAL:	= \$810.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

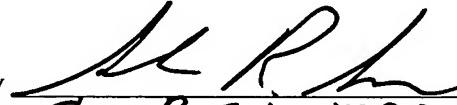
[ X ] Extension for response filed within the first month:	\$130.00	1	\$130.00
EXTENSION FEE TOTAL			\$130.00
CLAIMS AND EXTENSION FEE TOTAL:			\$940.00
TOTAL FEE:			\$940.00

A credit card payment form in the amount of \$940.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By   
\_\_\_\_\_  
*Stephen A. Bent* 59,987  
Stephen A. Bent  
Attorney for Applicant  
Registration No. 29,768

Date December 18, 2009

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